



State of Utah  
Department of Commerce

Division of Occupational and Professional Licensing

JON M. HUNTSMAN, JR.  
Governor

FRANCINE A. GIANI  
Executive Director

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Division Director

**Notification Form for Pharmacy Technicians  
for On-the-Job Pharmacies**

Training Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Anticipated Date of Completion: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Technician-in-Training: \_\_\_\_\_

Street Address of Technician-in-Training: \_\_\_\_\_

City, State and Zip of Technician-in-Training: \_\_\_\_\_

Phone of Technician-in-Training: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Social Security Number of Technician-in-Training: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Pharmacy: \_\_\_\_\_

Street Address of Pharmacy: \_\_\_\_\_

City, State and Zip of Pharmacy: \_\_\_\_\_

Phone Number of Pharmacy: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Pharmacy's Utah License Number: \_\_\_\_\_

Teaching Pharmacist(s): \_\_\_\_\_

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Approved Program: \_\_\_\_\_

Comments: \_\_\_\_\_

This form must be submitted PRIOR to beginning the training of the pharmacy technician. Training done in a non-approved program will not be given credit, and training will have to be repeated in an approved program. It is the responsibility of the pharmacist or program director to ensure that the pharmacy technician is aware of the policies and procedures of the training program. By signing this form, you attest that you have discussed the training program and have a full understanding of what is expected.

Signature of Pharmacist: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Technician: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Send To: **Utah Board of Pharmacy**  
**PO Box 146741**  
**Salt Lake City, Utah 84114-6741**